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26949 7590 03/23/2004

HESKA CORPORATION  
 INTELLECTUAL PROPERTY DEPT.  
 1613 PROSPECT PARKWAY  
 FORT COLLINS, CO 80525



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Susan A. Gordon (Depositor's name)  
 Susan A. Gordon (Signature)  
 June 17, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/830,221	08/10/2001	Joel R. Haynes	DE-3-C2-PUS	3163

TITLE OF INVENTION: CATIONIC LIPID-MEDIATED ENHANCEMENT OF NUCLEIC ACID IMMUNIZATION OF CATS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	06/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FOLEY, SHANON A	1648	424-196110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Heska Corporation  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Heska Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fort Collins, ColoradoPlease check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

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☒ A check in the amount of the fee(s) is enclosed. (# 680.00)☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 081930 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Richard J. Sten 6/17/04  
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01 FC:2501  
02 FC:8001665.00 OP  
15.00 OP

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